

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>5/19/98</u>		2 Serial/Patent # <u>081951754</u>								
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/> Filing			\$							
<input type="checkbox"/> Amendment			\$							
<input checked="" type="checkbox"/> Extension of Time			\$ 950.00							
<input type="checkbox"/> Notice of Appeal/Appeal			\$							
<input type="checkbox"/> Petition			\$							
<input type="checkbox"/> Issue			\$							
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/> Maintenance			\$							
<input type="checkbox"/> Assignment			\$							
<input type="checkbox"/> Other			\$							
<div style="transform: rotate(-90deg); font-weight: bold; font-size: 2em; opacity: 0.5;">COMPLETED</div>			7 TOTAL AMOUNT OF REFUND							
			\$ 950.00							
8 TO BE REFUNDED BY:										
10 REASON:		Treasury Check								
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:								
<input type="checkbox"/> Duplicate Payment		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>1</td><td>9</td><td>--</td><td>2</td><td>3</td><td>8</td><td>0</td> </tr> </table>		1	9	--	2	3	8	0
1	9	--	2	3	8	0				
<input type="checkbox"/> No Fee Due (Explanation):										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Deborah Pollard</u>		TITLE: <u>LIE</u>								
SIGNATURE: <u><i>DP</i></u>		PHONE: <u>703-305-8455</u>								
OFFICE: _____										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: _____		DATE: _____								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: